

Refrigerator Rental Agreement (3.1)



303 Culkin Hall • Oswego, NY 13126
315.312.2246 • fax 315.312.6329

NOTICE TO RENTER:
You are responsible for the specific unit assigned to you. Please expect to be billed after you have left campus if you do not return the specific unit assigned to you (\$200 for 3.1 cu. ft.), or if it is not returned cleaned and defrosted \$15.

Name _____ Local Address _____ Hall _____ Room # _____

Permanent Address _____

Student ID# _____

*Refrigerator # _____ Rental Period for 3.1 CU. FT.: Fall (\$55) Spring (\$55) Fall & Spring (\$100)

As the renter of this refrigerator, I understand that:

1. I am responsible for the loss of this unit due to theft, abandonment, and damage. The replacement cost is \$200 for a 3.1 cu. ft. refrigerator. This can be assessed after I have checked out of my room and left campus.
2. I should not remove the refrigerator from the above room unless I change room assignments. If I do change room assignments, I will notify Residence Life and Housing.
3. If I withdraw from school prior to the end of the rental agreement, I will notify Residence Life and Housing. I can either return the unit or transfer it to another student provided that we both contact Residence Life to verify the transfer.
4. The 3.1 cu. ft. unit will be delivered to your room and is to be cleaned and defrosted and left in the room prior to leaving campus at the end of the rental period. The hall custodial staff will check the condition and number of the unit after the suite has been vacated.
5. I will be billed after I leave campus if the unit # above is not returned (\$200/3.1) or it is not cleaned/defrosted (\$15/3.1).
6. If I rented the refrigerator for the fall semester only, I have until October 15th to pay to convert the rental to a full year. After this date if I decide to rent the unit for the spring semester I will be charged the semester rate. I hereby understand and agree to the rental agreement conditions above.

Signature of Lessee

Date

NO REFUNDS will be made after the 5th day of classes each semester.

White - Housing Office
*Canary - Housing w/ Ref. #
Pink - Hall Director
Goldenrod - Student

7/18/06 rmt

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|-----------------------------|--------------------|
| For Office Use Only: | |
| Method of Payment: _____ | Amount Paid: _____ |
| Staff Initials: _____ | Receipt #: _____ |
| | Date: _____ |

Make Checks Payable to: SUNY Oswego
Mail to: Residence Life & Housing
303 Culkin Hall
SUNY at Oswego
Oswego, NY 13126